

Colorado Capital Bank is committed to the betterment of the communities we serve by investing both economic and social resources in donations, sponsorships, public relations activities and community-related activities. Please review our Guidelines to assist you in completing this form.

Details of Applicant

Organization: _____
Contact Person/Title: _____
Address: _____

Contact Telephone: _____ Fax Number: _____
Contact Email: _____ Website: _____
501(c)3 Organization? _____ Qualified Colorado Nonprofit? _____

Tax ID #: _____

Colorado Capital Bank Client? Yes No. How did you hear about Colorado Capital Bank? _____

Do any of our staff or officers participate in your organization? If so, please list: _____

Cities or Counties served: _____

Mission or Purpose of the Organization: _____

Does the organization fund/sponsor other nonprofits? Yes No. If so, which ones? _____

Details of the Request—Please include any supporting documentation.

Amount requested: \$ _____ Date funds are needed by: _____

Brief description of request: _____

Who does this request benefit? Include how many people are estimated to be helped. _____

How does this request benefit Colorado Capital Bank? _____

Will the bank receive any publicity? If yes, in what form? _____

Do you need? Logo; File format _____

Advertisement; File format _____ Black & white or Color _____ Ad size _____

Banner Specialty Item; Item & quantity needed _____

Authorized Signature

Thank you for taking the time to complete this application. Please submit to: Amy Minash, Vice President-Marketing at aminash@coloradocapitalbank.com or via fax at 303.399.3183.

Signature _____

Date _____

FOR INTERNAL USE— TO BE COMPLETED BY BRANCH

Date Received: _____ Date Reviewed: _____

Approved _____ Denied. Date letter sent: _____

Branch(es) to be charged: _____

Community Support GL #60315

Notes: _____

